

WGU D115 (New 2023/ 2024) Advanced Pathophysiology for the Advanced Practice Nurse Exam| Questions and Verified Answers|100% Correct| Graded A

QUESTION

Describe the pathology of nephrotic syndrome.
Submit and Compare, displayed below

Answer:

Nephrotic syndrome is caused by damage to the filtering system in the kidney. Massive amounts of protein are lost in the urine which depletes the blood of albumin. The patient often presents with frothy urine and anasarca (not hematuria).

QUESTION

Explain why patients with nephrotic syndrome are at high risk for infection.

Answer:

Nephrotic syndrome is an idiopathic condition often treated with corticosteroids and/or immunosuppressants. Massive swelling puts skin at risk for breakdown because the skin becomes friable and fluid filled

QUESTION

What is the two-word technical term for kidney stones?

Answer:

Renal calculi is the technical term for kidney stones.

QUESTION

Describe what caused the pain that sent this patient to the emergency department. with renal calculi

Answer:

At least one of the renal calculi was obstructing the ureter because it was too large to move easily through the ureter.

QUESTION

List the adverse effects that could arise if a renal calculus completely blocks a ureter, and briefly explain why.

Answer:

Hydroureter and hydronephrosis could occur because the kidney continues to produce urine even if the ureter is blocked. The blockage would cause urine to accumulate, dilating the ureter first, and then the renal pelvis. This leads to a buildup of waste products in the body and can lead to kidney injury.

QUESTION

Explain why it is important for the patient to learn to increase her fluid intake to 8-10 glasses of fluid per day. with renal calculi

Answer:

Drinking 8-10 glasses of fluid per day will keep her urine dilute, which will help keep renal calculi from forming and will help move stones along the passageway to excretion should they recur.

QUESTION

Produced in the mouth and breaks down starch

Answer:

Amylase

QUESTION

Produced in the stomach and breaks down proteins

Answer:

pepsin

QUESTION

Produced by the pancreas and breaks down triglycerides

Answer:

lipase

QUESTION

Describe how you would educate a hospice patient concerning anticipated 24-hour output of his or her biliary drainage tube.

Submit and Compare, displayed below

Answer:

It is typical to expect 700-1200 cc of biliary output in a 24-hour period, though each patient is an individual and a hospice patient may have a personal norm that is different from the standard health individual. Biliary drainage tube output can be used to calculate fluid lost for hydration purposes.

QUESTION

Are the patient's symptoms of dysphagia, dyspepsia, and regurgitation specific to GERD? Why or why not?

Answer:

Dysphagia, dyspepsia, and regurgitation are not specific to GERD. They can occur in achalasia, GERD, hiatal hernia, and other disorders. Achalasia is not as common as H-pylori infection, which also causes GERD symptoms. H-pylori infection should be ruled out for patients presenting with these three symptoms.

QUESTION

describe the danger of untreated GERD.

Answer:

Repeated irritation of the distal esophagus by gastric acid can cause the dysplastic changes of Barrett esophagus, which is an important risk factor for esophageal cancer.

QUESTION

A patient has localized and has intense abdominal pain that lateralizes. In order to move forward with your assessment, you consider the types of pain.

Which type of pain is this patient most likely experiencing?

Answer:

Parietal pain is caused by a stimulus in the parietal peritoneum. The nerves in the parietal peritoneum are made up of A-delta fibers. These fibers travel to the spinal cord and correspond with the skin dermatomes T6 and L1. This produces localized and intense pain that lateralizes because the parietal peritoneum is innervated from only one side of the nervous system at a time.

QUESTION

Describe how obesity contributes to GERD.

Answer:

Obesity increases intra-abdominal pressure, which predisposes the patient to reflux through the lower esophageal sphincter.

QUESTION

What are three characteristics of celiac disease?

Answer:

Vitamin deficiencies can be present with celiac disease because the intestinal villi are damaged and stunted, which leads to less absorption. Anemia of chronic disease and/or poor iron absorption can also be seen with celiac disease. If someone with celiac disease is ingesting gluten, the damage done to the intestinal villi can decrease vitamin and mineral absorption, leading to diminished growth.